



The Good Grief Group  
The Wellness Resource Center  
P.O. Box 7896  
Kalispell, MT 59904  
Tax ID# 82-1337890  
• goodgriefcamp.org • goodgriefcamp@gmail.com  
406-755-6760

Combining the healing elements of nature with activities that provide a safe outlet for the expression of a child's grief.

### DAY CAMP REGISTRATION FORM

Camper's Name: _____	Age: _____	Gender: _____	Shirt Size: _____
Parent's/ Guardian's Names: _____			
Contact Information: Phone: (____) _____		Email: _____	
Address: _____			
School: _____		Grade: _____	
Insurance for Grant Purposes Only: _____			

Sibling's: Name and Ages: \_\_\_\_\_

Name and Relationship of Person who died: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

How old was the camper at the time? \_\_\_\_\_

Please share your concerns or significant changes in your child has had due to the loss of their loved one:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In Case of emergency, if a parent or guardian is not reachable, list someone you would like us to contact:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

If your child is seeing a mental health professional, could a member of the camp team contact that therapist if necessary? Confidentiality will be maintained at all times. Please sign the attached release of information. Please provide their name and contact information:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

### Good Grief Camp Medical Health Survey

Symptoms	PRN Medications Used**
Menstrual Cramps, ankle sprains, other minor soft tissue injuries	Ibuprofen, Tylenol
Headache	Ibuprofen, Tylenol

\*\*All dosages are based on weight and/or age per manufacturer's instructions

Parent/Guardians initials: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

### Good Grief Camp Liability Release and Medical Treatment Consent

#### To be signed by Parent or Guardian

In consideration for (Camper's Name) \_\_\_\_\_ to participate in Good Grief Camp on date(s) \_\_\_\_\_ at the Flathead Lake Methodist Church Camp and understanding that there exists a risk of personal injury during such event, I hereby allow my son/daughter/ward to participate in Good Grief Camp and release Good Grief Group, officers and volunteers from any and all liability claims, injury, damage and demands that may occur as a result of their participation in Good Grief camp. Furthermore, the under signed expressly agrees to indemnify and hold harmless Good Grief Group, it's officers and volunteers against loss from any and all further claims and actions that may hereafter at any time be brought by my son/daughter/ward for the purpose of enforcing a claim for damage on account of injuries sustained by reason of son/daughter/ward medical treatment as needed.

This release shall be binding upon my heirs and personal representative of the undersigned.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Good Grief Camp Photo Consent for Campers**

**To be signed by Parent/ Guardian**

Good Grief Group will have photography activities and there will be volunteers taking pictures that will be used for their scrapbook that each camper will take home to remember their time at camp and share their experiences with family, friends, and others. I understand that photos may be taken home by campers and/or used as training tools, for the purpose of fund raising, and/or promotional uses for Good Grief Group.

\_\_\_\_ I give my permission to have my child's pictures taken as part of the camper's photography activities and creating scrapbooks for campers.

\_\_\_\_ I do NOT give my permission to have my child's pictures taken as part of the camper's photography activities and creating scrapbooks for campers.

\_\_\_\_ I give my permission to have my child's pictures taken as part of the use for training tools, for the purpose of fund raising, and/or promotional uses for Good Grief Group.

\_\_\_\_ I do NOT give my permission to have my child's pictures taken as part of the use for training tools, for the purpose of fund raising, and/or promotional uses for Good Grief Group.

\*\*\*\*\*

Is there anything else that would be helpful for us to know about this camper:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

**Please return form by December 15, 2021 by mail to PO Box 7896 Kalispell, MT 59904  
OR Drop off at Wellness Center at 725 6<sup>th</sup> Ave East Kalispell, MT 59901**